

United States Bankruptcy Court

Northern District of Illinois

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle):

Meadors, Donald J

Name of Joint Debtor (Spouse) (Last, First, Middle):

Meadors, Mabel V

All Other Names used by the Debtor in the last 8 years
(include married, maiden, and trade names):All Other Names used by the Joint Debtor in the last 8 years
(include married, maiden, and trade names):Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN
(if more than one, state all)

xxx-xx-2755

Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN
(if more than one, state all)

xxx-xx-7190

Street Address of Debtor (No. and Street, City, and State):

1746 Alan Deatherage Drive
Bolingbrook, IL

Street Address of Joint Debtor (No. and Street, City, and State):

1746 Alan Deatherage Drive
Bolingbrook, IL

ZIP Code

60490

ZIP Code

60490

County of Residence or of the Principal Place of Business:

Will

County of Residence or of the Principal Place of Business:

Will

Mailing Address of Debtor (if different from street address):

ZIP Code

Mailing Address of Joint Debtor (if different from street address):

ZIP Code

Location of Principal Assets of Business Debtor
(if different from street address above):

Type of Debtor

(Form of Organization) (Check one box)

- ☒ Individual (includes Joint Debtors)
See Exhibit D on page 2 of this form.
- ☐ Corporation (includes LLC and LLP)
- ☐ Partnership
- ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)

Nature of Business

(Check one box)

- ☐ Health Care Business
- ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
- ☐ Railroad
- ☐ Stockbroker
- ☐ Commodity Broker
- ☐ Clearing Bank
- ☐ Other

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- ☐ Chapter 15 Petition for Recognition of a Foreign Main Proceeding
- ☐ Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding

Chapter 15 Debtors

Country of debtor's center of main interests:

Each country in which a foreign proceeding by, regarding, or against debtor is pending:

Tax-Exempt Entity

(Check box, if applicable)

- ☐ Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).

Nature of Debts

(Check one box)

- ☒ Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ Debts are primarily business debts.

Filing Fee (Check one box)

- ☐ Full Filing Fee attached
- ☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.
- ☒ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Check one box:

- ☐ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).
- ☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

Check if:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter).

Check all applicable boxes:

- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

Statistical/Administrative Information

- ☐ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ☒ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

☐ 1-49 ☐ 50-99 ☒ 100-199 ☐ 200-999 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000 ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ OVER 100,000

Estimated Assets

☒ \$0 to \$50,000 ☐ \$50,001 to \$100,000 ☐ \$100,001 to \$500,000 ☐ \$500,001 to \$1 million ☐ \$1,000,001 to \$10 million ☐ \$10,000,001 to \$50 million ☐ \$50,000,001 to \$100 million ☐ \$100,000,001 to \$500 million ☐ \$500,000,001 to \$1 billion ☐ More than \$1 billion

Estimated Liabilities

☐ \$0 to \$50,000 ☐ \$50,001 to \$100,000 ☒ \$100,001 to \$500,000 ☐ \$500,001 to \$1 million ☐ \$1,000,001 to \$10 million ☐ \$10,000,001 to \$50 million ☐ \$50,000,001 to \$100 million ☐ \$100,000,001 to \$500 million ☐ \$500,000,001 to \$1 billion ☐ More than \$1 billion

THIS SPACE IS FOR COURT USE ONLY

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

JUN 17 2015

JEFFREY P. ALSTEADT, CLERK
PS REP. - CA

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Meadors, Donald J**Meadors, Mabel V****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X

Signature of Attorney for Debtor(s)

(Date)

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Meadors, Donald J

Meadors, Mabel V

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Donald J. Meadors
Signature of Debtor **Donald J Meadors**

X Mabel V. Meadors
Signature of Joint Debtor **Mabel V Meadors**

314-607-2572

Telephone Number (If not represented by attorney)

6-16-15
Date

Signature of Attorney*

X **Debtor not represented by attorney**
Signature of Attorney for Debtor(s)

Printed Name of Attorney for Debtor(s)

Firm Name

Address

Telephone Number

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re **Donald J Meadors**
Mabel V Meadors

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: 
Donald J Meadors

Date: 6-16-15

B 1 D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Donald J Meadors
Mabel V Meadors**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: 
Mabel V Meadors

Date: 6-16-15

United States Bankruptcy Court
Northern District of Illinois

In re **Donald J Meadors,**
Mabel V Meadors

Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	4,840.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		4,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		2,200.33	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	35		326,310.66	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			2,037.93
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,196.00
Total Number of Sheets of ALL Schedules		49			
Total Assets			4,840.00		
Total Liabilities				332,510.99	

United States Bankruptcy Court
Northern District of Illinois

In re **Donald J Meadors,**
Mabel V Meadors

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	2,200.33
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	77,501.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	79,701.33

State the following:

Average Income (from Schedule I, Line 12)	2,037.93
Average Expenses (from Schedule J, Line 22)	2,196.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	2,168.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		2,200.33
4. Total from Schedule F		326,310.66
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		328,510.99

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
None		J	0.00	0.00

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	Cash		J	40.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Checking		J	0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	Furniture		J	600.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	Clothing		J	200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **840.00**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2007 Mercury Montego	J	4,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **4,000.00**
(Total of this page)
Total > **4,840.00**

(Report also on Summary of Schedules)

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. §522(b)(2)
☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds
\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter
with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Cash on Hand</u>			
Cash	735 ILCS 5/12-1001(b)	40.00	40.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Checking	735 ILCS 5/12-1001(b)	0.00	0.00
<u>Household Goods and Furnishings</u>			
Furniture	735 ILCS 5/12-1001(b)	600.00	600.00
<u>Wearing Apparel</u>			
Clothing	735 ILCS 5/12-1001(a)	200.00	200.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2007 Mercury Montego	735 ILCS 5/12-1001(c)	4,000.00	4,000.00

0 continuation sheets attached to Schedule of Property Claimed as Exempt

Total: **4,840.00** **4,840.00**

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			2007 Mercury Montego					
Capitol One Auto Finance ATTN: BANKRUPTCY DEPT. 3901 Dallas Pkwy Plano, TX 75093		J						
			Value \$ 4,000.00				4,000.00	0.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							4,000.00	0.00
Total (Report on Summary of Schedules)							4,000.00	0.00

0 continuation sheets attached

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. 6081 Collector of Revenue ATTN: BANKRUPTCY DEPT. 1200 Market St. Room 109 Saint Louis, MO 63103		W	2008 2008, 2011, 2012 Personal Property Taxes for Mabel Meadors				2,114.43	2,114.43 0.00
Account No. 7700 Collector of Revenue ATTN: BANKRUPTCY DEPT. 1200 Market St. Room 109 Saint Louis, MO 63103		H	2010 2010 Personal Property Taxes for Donald Meadors				85.90	85.90 0.00
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal (Total of this page)							2,200.33	2,200.33 0.00
Total (Report on Summary of Schedules)							2,200.33	2,200.33 0.00

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xx5404 ACB Recovery ATTN: BANKRUPTCY DEPT. PO Box 2548 Cincinnati, OH 45201		J	Medical Bill				630.00
Account No. xxx6332 Account Resolution Corporation ATTN: BANKRUPTCY DEPT. PO Box 3860 Chesterfield, MO 63006		J	Collection (St Louis Sewer) 2801 Caroline St St Louis, MO 63104				882.52
Account No. xx1944 Account Resolution Corporation ATTN: BANKRUPTCY DEPT. PO Box 3860 Chesterfield, MO 63006		J	Collection (SSM Cardiovascular)				926.87
Account No. xx8536 Account Resolution Corporation ATTN: BANKRUPTCY DEPT. PO Box 3860 Chesterfield, MO 63006		J	Collection (Medical Bill)				94.31
Subtotal (Total of this page)							2,533.70

34 continuation sheets attached

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx1988			Collection (Rehab Professionals)				
Account Resolution Corporation ATTN: BANKRUPTCY DEPT. PO Box 3860 Chesterfield, MO 63006		J					254.00
Account No. xxx9584			Collection (Metro Imaging)				
Account Resolution Corporation ATTN: BANKRUPTCY DEPT. PO Box 3860 Chesterfield, MO 63006		J					286.00
Account No. xxxxx5992			Collection (ATT Uverse)				
AFNI ATTN: BANKRUPTCY DEPT. PO Box 3517 Bloomington, IL 61702		J					203.18
Account No. xx4648			Collection (Family Insurance)				
AFNI ATTN: BANKRUPTCY DEPT. PO Box 3517 Bloomington, IL 61702		J					13,026.00
Account No. 1193			Medical Bill				
Allergy and Asthma Care Center ATTN: BANKRUPTCY DEPT. 120 N E Glen Oak Ave Ste 408 Peoria, IL 61603		J					20.00
Subtotal (Total of this page)							13,789.18

Sheet no. 1 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx-x5021 Ameren Missouri ATTN: BANKRUPTCY DEPT. PO Box 790098 Saint Louis, MO 63179		J	Utility Bill				66.13
Account No. 2153 AMEX ATTN: BANKRUPTCY DEPT. PO Box 297871 Fort Lauderdale 33329		J	03/1984 Consumer Debt				74.00
Account No. xxxx6317 Apelles ATTN: BANKRUPTCY DEPT. PO Box 1197 Westerville, OH 43086		H	Collection (US Bank)				460.05
Account No. xxxx0732 Arnold Harris ATTN: BANKRUPTCY DEPT. 600 W. Jackson Blvd Chicago, IL 60661		J	Collection (Illinois Tollway)				566.40
Account No. x8278 Associates in Dermatology ATTN: BANKRUPTCY DEPT. 1404 Eastland Strive Bloomington, IL 61701		J	Medical Bill				50.20
Subtotal (Total of this page)							1,216.78

Sheet no. 2 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx0160 AT & T Cellular ATTN: BANKRUPTCY DEPT. PO Box 5014 Carol Stream, IL 60197		J	Consumer Debt				312.16
Account No. xxxx-xxx-0457 AT&T ATTN: BANKRUPTCY DEPT. 208 S. Akard St Dallas, TX 75202		J	Utility Bill				183.41
Account No. xxx5357 ATG Credit ATTN: BANKRUPTCY DEPT. 1700 W. Corland St Ste 201 Chicago, IL 60622		J	Collection (Health Specialists)				222.00
Account No. xxxxx1936 ATT Mobility ATTN: BANKRUPTCY DEPT. PO Box 650553 Dallas, TX 75265		J	Utility Bill				206.87
Account No. xx3532 Bako ATTN: BANKRUPTCY DEPT. PO Box 6039 Falmouth, ME 04105		J	Medical Bill				40.00
Subtotal (Total of this page)							964.44

Sheet no. **3** of **34** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx6418 Bank of America ATTN: BANKRUPTCY DEPT. PO Box 5170 Simi Valley, CA 93062		Foreclosure Donald Meadors 1473 Stewart Place St. Louis, MO				26,551.55
Account No. xxxxx4071 Barnes Jewish Hospital ATTN: BANKRUPTCY DEPT. PO Box 504391 Saint Louis, MO 63160		Medical Bill				150.64
Account No. 3551 Bay Area Credit Services 1901 W. 10th St Antioch, CA 94509		05/2012 Consumer Debt				132.24
Account No. xx8611 Bellevue Radiology ATTN: BANKRUPTCY DEPT. Po Box 796023 Saint Louis, MO 63179		Medical Bill				62.90
Account No. xx0020 BJC Healthcare ATTN: BANKRUPTCY DEPT. Po Box 958410 Saint Louis, MO 63195		Medical Bill				3,050.38
Subtotal (Total of this page)						29,947.71

Sheet no. **4** of **34** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 6989				Medical Bill				
Bone and Joint Institute ATTN: BANKRUPTCY DEPT. 2325 Dougherty Ferry Road Ste 202 Saint Louis, MO 63122		J						39.16
Account No. xxxx3932				Consumer Debt				
Butler Security ATTN: BANKRUPTCY DEPT. 16925 Manchester Road Grover, MO 63040		J						100.35
Account No. xxx9003				Collection (Washington School of Medicine)				
CACi ATTN: BANKRUPTCY DEPT. PO Box 270480 Saint Louis, MO 63127		J						1,246.71
Account No. xxx7855				Collection (St Anthonys)				
CACi ATTN: BANKRUPTCY DEPT. PO Box 270480 Saint Louis, MO 63127		J						225.00
Account No. xxx2437				Collection (Laclede Gas)				
CACi ATTN: BANKRUPTCY DEPT. PO Box 270480 Saint Louis, MO 63127		J						336.92
Subtotal (Total of this page)								1,948.14

Sheet no. 5 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9756 CBE Group ATTN: BANKRUPTCY DEPT. 1309 Technology Pkwy Cedar Falls, IA 50613		J	02/2009 Collection (COMED)				68.00
Account No. xxxxxxxx0823 CCS/Cortrust ATTN: BANKRUPTCY DEPT. 500 E. 60th St N Sioux Falls, SD 57104		J	Consumer Debt				389.00
Account No. xxxxxxxx1689 Central Financial Control ATTN: BANKRUPTCY DEPT. PO Box 66044 Anaheim, CA 92816		J	Collection (St Louis Hosp)				921.17
Account No. xxxxxx6309 Central Financial Control ATTN: BANKRUPTCY DEPT. PO Box 66044 Anaheim, CA 92816		J	Collection (Des Peres Hospital)				1,469.00
Account No. xxx0918 Certified Services ATTN: BANKRUPTCY DEPT. 1733 Washington St Ste 201 Waukegan, IL 60085		H	Collection (Austin Anesthesia)				1,556.00
Subtotal (Total of this page)							4,403.17

Sheet no. 6 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx0510 Charter Communications ATTN: BANKRUPTCY DEPT. 12405 Powerscout Drive Saint Louis, MO 63131		J	Consumer Debt				699.62
Account No. xxxx4232 Chase Receivables ATTN: BANKRUPTCY DEPT. 1247 Broadway Sonoma, CA 95476		J	Collection (Ashro)				139.30
Account No. xxxx4355 Childrens Hospital ATTN: BANKRUPTCY DEPT. One Childrens Place Saint Louis, MO 63110		H	Medical Bill				5,714.00
Account No. xxxxxx1945 Choice Recovery ATTN: BANKRUPTCY DEPT. PO Box 20790 Columbus, OH 43220		J	Collection (North Suburban Cardiology)				190.00
Account No. xx1829 Christian NE-NW ATTN: BANKRUPTCY DEPT. PO Box 958188 Saint Louis, MO 63195		J	Medical Bill				21.00
Subtotal (Total of this page)							6,763.92

Sheet no. 7 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx0301 CitiFinancial Auto ATTN: BANKRUPTCY DEPT. Hampton PO Box 183036 Columbus, OH 43218		H		1999 Oldmobile				4,657.46
Account No. xx-x7434 City of St Louis EMS ATTN: BANKRUPTCY DEPT. Po Box 956135 Saint Louis, MO 63195		J		Medical Bill				90.40
Account No. xx9F8D City of St. Louis ATTN: BANKRUPTCY DEPT. PO Box 78669 Saint Louis, MO 63178		J		St Louis Parking tickets				600.00
Account No. xxxxxxx9635 Clayton Emergency Group ATTN: BANKRUPTCY DEPT. PO Box 400 San Antonio, TX 78292		J		Medical Bill				42.20
Account No. xxx2409 Club Fitness ATTN: BANKRUPTCY DEPT. 259 Centre Pointe Drive Saint Peters, MO 63376		J		Consumer Debt				127.98
Subtotal (Total of this page)								5,518.04

Sheet no. 8 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx1838 CMRE Financial Services ATTN: BANKRUPTCY DEPT. 3075 E. Imperial Hwy #200 Brea, CA 92821		J	Collection (Clayton Emergency)				42.20
Account No. xxxxx8562 Complete Payment Recovery Service ATTN: BANKRUPTCY DEPT. 3500 5th St Northport, AL 35476		J	Collection (Fifth Third)				259.90
Account No. xxxx9747 Consolidated Recovery Systems ATTN: BANKRUPTCY DEPT. PO Box 172193 Memphis, TN 38187		J	Collection (St Louis Sewer) 2801 Caroline St St Louis, MO 63104				401.57
Account No. xxxxxx0-113 Consultants in Pathology ATTN: BANKRUPTCY DEPT. PO Box 30309 Charleston, SC 29417		J	Medical Bill				52.50
Account No. 7856 Consumer Adjustments Co ATTN: BANKRUPTCY DEPT. 12855 Tesson Ferry Road Saint Louis, MO 63128		J	08/2011 Medical Bill (St Anthonys Hospital)				150.00
Subtotal (Total of this page)							906.17

Sheet no. **9** of **34** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 4559 Consumer Adjustments Co ATTN: BANKRUPTCY DEPT. 12855 Tesson Ferry Road Saint Louis, MO 63128	J		10/2009 Medical Bill (St Anthonys Hospital)				84.00
Account No. 9034 Consumer Adjustments Co ATTN: BANKRUPTCY DEPT. 12855 Tesson Ferry Road Saint Louis, MO 63128	J		05/2010 Medical Bill (St Anthonys Hospital)				75.00
Account No. 9387 Consumer Adjustments Co ATTN: BANKRUPTCY DEPT. 12855 Tesson Ferry Road Saint Louis, MO 63128	J		05/2010 Medical Bill (St Anthonys Hospital)				55.00
Account No. xx4334 Consumer Collection Management ATTN: BANKRUPTCY DEPT. PO Box 1839 Maryland Heights, MO 63043	J		Collection (Medical Bills)				822.33
Account No. xxxxx6545 Consumer Collection Management ATTN: BANKRUPTCY DEPT. PO Box 1839 Maryland Heights, MO 63043	J		Collection (Barnes Jewish Hospital)				358.85
Subtotal (Total of this page)							1,395.18

Sheet no. 10 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Sheet no. 10 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 7230	J		06/2012 Medical Bill (Quest)				20.00
Credit Collection ATTN: BANKRUPTCY DEPT. Two Wells Ave Newton Center, MA 02459							
Account No. xxxx584-7	H		Metroploitan St Louis Sewer(1473 Stewart Pl. St Louis)				7,591.69
Credit Control ATTN: BANKRUPTCY DEPT. 5757 Phantom Drive Hazelwood, MO 63042							
Account No. 5554	J		08/2011 Collection (Charter Comm)				311.00
Credit Management LP ATTN: BANKRUPTCY DEPT. 4200 International Pkwy Carrollton, TX 75007							
Account No. xxxxxx7747	J		Collection (Comcast)				339.00
Credit Protection Association ATTN: BANKRUPTCY DEPT. 13355 Noel Road Ste 2100 Dallas, TX 75240							
Account No. xxxxxx-xx9720	J		Collection (City of Joliet/Parking)				70.00
Creditors Discount & Aud ATTN: BANKRUPTCY DEPT. 415 E. Main St Streator, IL 61364							
Subtotal (Total of this page)							8,331.69

Sheet no. 11 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Sheet no. 11 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xe007 Davis Dental Care ATTN: BANKRUPTCY DEPT. 331 DeBaliviere Saint Louis, MO 63112	H	Medical Bill				142.00
Account No. xxxxxx6278 Dept of Education/Navient ATTN: BANKRUPTCY DEPT. PO Box 9635 Wilkes Barre, PA 18773	J	Student Loan				77,501.00
Account No. xxxx1780 Edward Health Ventures ATTN: BANKRUPTCY DEPT. 26185 Network Place Chicago, IL 60673	J	Medical Bill				1,495.00
Account No. xxxxxx9484 Edward Hospital ATTN: BANKRUPTCY DEPT. PO Box 4207 Carol Stream, IL 60197	J	Medical Bill				1,188.50
Account No. xx3854 Emergency Physicians Office ATTN: BANKRUPTCY DEPT. PO Box 3475 Toledo, OH 43607	J	Medical Bill				392.00
<div style="display: flex; justify-content: space-between;"> Sheet no. 12 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Subtotal (Total of this page) </div>						80,718.50

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx3267 EMP of Cook County, LLC ATTN: BANKRUPTCY DEPT. PO Box 636750 Cincinnati, OH 45263		J	Medical Bill				296.40
Account No. xxx8319 Enhanced Recovery Corporation ATTN: BANKRUPTCY DEPT. PO Box 57547 Jacksonville, FL 32241		J	Collection (ATT)				171.00
Account No. 2755 EOS CCA ATTN: BANKRUPTCY DEPT. PO Box 3488 Jefferson City, MO 65105		H	Collection (Missouri Dept of Revenue) Donald Meadors				5,430.01
Account No. xxx3210 EOS CCA ATTN: BANKRUPTCY DEPT. 700 Longwater Drive Norwell, MA 02061		J	Collection (ATT Mobility)				68.00
Account No. xx-2855 Evans & Dixon ATTN: BANKRUPTCY DEPT. 211 N. Broadway Ste 2500 Saint Louis, MO 63102		J	Consumer Debt (Ruth Bracken) Donald Meadors				3,578.15
Subtotal (Total of this page)							9,543.56

Sheet no. 13 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. xxxxx2309 Extended Business Office ATTN: BANKRUPTCY DEPT. 13523 Barrett Parkway Drive Ste 241 Ballwin, MO 63021		J	Medical Bill				1,729.36
Account No. x8934 Family Health Care Centers ATTN: BANKRUPTCY DEPT. 401 Holly Hills Ave Saint Louis, MO 63111		J	Medical Bill				358.00
Account No. 2122 Financial Corporation of America ATTN: BANKRUPTCY DEPT. 12515 Research Blvd #2 Ste 100 Cuney, TX 75759		J	12/2010 Medical Bill				47.00
Account No. 7621 Firstsource Advantage ATTN: BANKRUPTCY DEPT. 7650 Magna Drive Belleville, IL 62223		J	04/2007 Collection (ENT Associates Inc)				163.00
Account No. 0042 Forest Park Pediatrics ATTN: BANKRUPTCY DEPT. PO Box 16604 Saint Louis, MO 63105		H	Medical Bill				1,123.20
<div style="display: flex; justify-content: space-between;"> Sheet no. <u>14</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Subtotal (Total of this page) </div>							3,420.56

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T			D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx4837 Franciscan Alliance ATTN: BANKRUPTCY DEPT. 37653 Eagle Way Chicago, IL 60678		J	Medical Bill					1,628.07
Account No. xxxx xxxxline Gate District East Association ATTN: BANKRUPTCY DEPT. PO Box 2021 Saint Louis, MO 63158		J	Consumer Debt					399.00
Account No. xxxx4507 IC System, Inc ATTN: BANKRUPTCY DEPT. 444 Highway 96 East Saint Paul, MN 55164		J	Collection (Target)					461.34
Account No. xxxxxxx7001 IC Systems Inc ATTN: BANKRUPTCY DEPT. PO Box 64378 Saint Paul, MN 55164		J	Collection (RCN Corp.)					608.00
Account No. xxxx5478 Illinois Collection Service ATTN: BANKRUPTCY DEPT. Po Boc 1010 Tinley Park, IL 60477		J	Collection (Medical Bill)					740.00
Subtotal (Total of this page)								3,836.41

Sheet no. 15 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Sheet no. 15 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. xxxx4088 Illinois Collection Service ATTN: BANKRUPTCY DEPT. Po Boc 1010 Tinley Park, IL 60477	J		Collection (Yousef Darwish MD)				150.00	
Account No. xxxxxx & xx1S2B Illinois Tollway ATTN: BANKRUPTCY DEPT. PO Box 5544 Chicago, IL 60680	J		Consumer Debt				621.80	
Account No. xxxxxx7942 Ingalls Memorial Hospital ATTN: BANKRUPTCY DEPT. PO Box 5435 Dept 0028 Carol Stream, IL 60197	J		Medical Bill				75.00	
Account No. xxxxxxx2122 Inpatient Consultants ATTN: BANKRUPTCY DEPT. PO Box 92707 Los Angeles, CA 90009	J		Medical Bill				47.00	
Account No. xxxxxx2122 Inpatient Consultants of MO ATTN: BANKRUPTCY DEPT. PO Box 92707 Los Angeles, CA 90009	J		Medical Bill				47.00	
Sheet no. 16 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	940.80

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx4573 Integrity Solutions Svcs ATTN: BANKRUPTCY DEPT. 20 Corporate Hills Dr Saint Charles, MO 63301	J	Collection (Pendrick INF Level 4)				740.00
Account No. xxxx & 2755 Internal Revenue Service ATTN: BANKRUPTCY DEPT. Kansas City, MO 64999	H	2008 Federal taxes 2004 - 2011 Donald Meadors				12,773.44
Account No. Internal Revenue Service ATTN: BANKRUPTCY DEPT. Kansas City, MO 64999	W	2011 Federal Taxes - Mabel Meadors				335.71
Account No. xxxxxx9663 IT Please ATTN: BANKRUPTCY DEPT. PO Box 550747 Jacksonville, FL 32255	J	Consumer Debt				19.95
Account No. xx7542 Jerry Bowlin ATTN: BANKRUPTCY DEPT. 520 W. 103rd S , St e252 Kansas City, MO 64114	H	Collection (US Bank)				724.98
Subtotal (Total of this page)						14,594.08

Sheet no. 17 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx6418 Kozeny & McCubbin ATTN: BANKRUPTCY DEPT. 12400 Olive Blvd Saint Louis, MO 63141	H	Foreclosure 1473 Stewart Place, St Louis, MO 63112				33,884.74
Account No. xxxx5657 Kramer and Frank PC 9300 Dielman Ind Drive 63132	J	Collection (Christian NE MW)				21.00
Account No. xxxx*xxxx419.1 Laboratory & Pathology Diagnostics ATTN: BANKRUPTCY DEPT. Department 4387 Carol Stream, IL 60122	J	Medical Bill				595.90
Account No. xx9F8D LDC Collection Systems ATTN: BANKRUPTCY DEPT. PO Box 78669 Saint Louis, MO 63178	J	Collection (City of St Louis)				120.00
Account No. xxx4609 Linebarger Goggan Blair & Sampson ATTN: BANKRUPTCY DEPT. PO Box 06140 Chicago, IL 60606	J	Chicago Parking Ticket				100.00
Subtotal (Total of this page)						34,721.64

Sheet no. 18 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx-xxx6982 Mark Mc Mahon ATTN: BANKRUPTCY DEPT. 7912 Bonhomme Ste 101 Saint Louis, MO 63105		J	Civil Action (Johnny&Atlas Brooks) Donald Meadors				8,471.08
Account No. Massage Envy ATTN: BANKRUPTCY DEPT. 15159 S. LaGrange Road Orland Park, IL 60462		J	Consumer Debt				236.00
Account No. xxxxxxx0000 Matthew S Wilson LLC ATTN: BANKRUPTCY DEPT. 621 S. New Ballas Road Saint Louis, MO 63141		J	Consumer Debt				22.00
Account No. xx9046 MCA Management Company ATTN: BANKRUPTCY DEPT. PO Box 480 High Ridge, MO 63049		J	Collection (Family Health)				358.00
Account No. xx0363 MCA Management Company ATTN: BANKRUPTCY DEPT. PO Box 480 High Ridge, MO 63049		J	Collection (Medical Bill)				62.90
Subtotal (Total of this page)							9,149.98

Sheet no. 19 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 0363 MCA Management Company ATTN: BANKRUPTCY DEPT. PO Box 480 High Ridge, MO 63049		J	05/2011 Medical Bill				63.00
Account No. xx9046 Medical Commercial Audit ATTN: BANKRUPTCY DEPT. PO Box 480 High Ridge, MO 63049		J	Collection (Medical Bill)				62.90
Account No. 6939 Medical Financial Solutions ATTN: BANKRUPTCY DEPT. PO Box 50897 Climax, MI 49034		J	05/2011 Medical Bill Valley Baptist Health Systems)				956.60
Account No. xxxx*xxx018.1 Medical Radiological Assoc ATTN: BANKRUPTCY DEPT. PO Box 38900 Saint Louis, MO 63138		J	Medical Bill				22.02
Account No. xxx0997 Medical Recovery Specialist ATTN: BANKRUPTCY DEPT. 2250 E. Devon Ave Ste 352 Des Plaines, IL 60018		J	Collection (St Marys Health)				405.54
Subtotal (Total of this page)							1,510.06

Sheet no. 20 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx1945 Medical Revenue Service ATTN: BANKRUPTCY DEPT. Hampton PO Box 938 Vero Beach, FL 32961		J	Collection (Missouri Baptist)				42.00
Account No. xx-xxxxx0100 Merchants Credit Guide ATTN: BANKRUPTCY DEPT. 223 W. Jackson Blvd Chicago, IL 60606		J	Collection(Medical Bill Edwards Hospital)				27,251.50
Account No. xxxxxxx0996 Mercy Hospital ATTN: BANKRUPTCY DEPT. 2525 S. Michigan Ave Chicago, IL 60616		J	Medical Bill				688.00
Account No. x7131 Metro Heart Group ATTN: BANKRUPTCY DEPT. PO Box 66754 Saint Louis, MO 63166		J	Medical Bill				39.60
Account No. 7508 Metro Imaging ATTN: BANKRUPTCY DEPT. 11639 Olive Blvd Saint Louis, MO 63141		J	02/2012 Medical Bill				80.00
<div> <div>Sheet no. 21 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</div> <div>Subtotal (Total of this page)</div> </div>							28,101.10

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Medical Bill				
Michael Hoffmann DDS ATTN: BANKRUPTCY DEPT. 950 Francis Place Ste 305 Saint Louis, MO 63105	H					487.00
Account No. xx4301		Collection (T-Mobile)				
Midland Funding LLC ATTN: BANKRUPTCY DEPT. 8875 Aero Dr Ste 200 San Diego, CA 92123	J					1,504.00
Account No. xxxxxxx0181		Medical Bill				
Midwest Radiological Association ATTN: BANKRUPTCY DEPT. PO Box 38900 Saint Louis, MO 63138	J					22.02
Account No. xxxx6412		Collection (Edward Hospital)				
Mira Med Revenue Group ATTN: BANKRUPTCY DEPT. PO Box 77000 Detroit, MI 48277	J					2,388.00
Account No. xxxxxx0195		Medical Bill				
Missouri Baptist Medical Center ATTN: BANKRUPTCY DEPT. PO Box 858361 Saint Louis, MO 63195	J					126.32
Subtotal (Total of this page)						4,527.34

Sheet no. 22 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 2755 Missouri Dept of Revenue ATTN: BANKRUPTCY DEPT. PO Box 3488 Jefferson City, MO 65105		H	2007 - 2008 State taxes Donald Meadors				5,261.55
Account No. xxxx & 7190 Missouri Dept of Revenue ATTN: BANKRUPTCY DEPT. PO BOX 385 Jefferson City, MO 65105		J	2004 State Taxes 2004-2012				13,615.89
Account No. 0997 MRSI ATTN: BANKRUPTCY DEPT. 2250 Devon Ave Ste 352 Des Plaines, IL 60018		J	08/2011 Collection (St Marys Health Center)				406.00
Account No. 0878 MRSI ATTN: BANKRUPTCY DEPT. 2250 Devon Ave Ste 352 Des Plaines, IL 60018		J	0382011 Collection (St Marys Health Center)				59.00
Account No. x3029 Naperville Radiologist ATTN: BANKRUPTCY DEPT. 6910 S. Madison St Willowbrook, IL 60527		J	Medical Bill				1,623.00
Sheet no. <u>23</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							20,965.44

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx996A Nationwide Credit & Collection ATTN: BANKRUPTCY DEPT. 815 Commerce Drive Oak Brook, IL 60523		J	Collection (Mercy Hospital)				61.50
Account No. xxxx1843 NCO Financial ATTN: BANKRUPTCY DEPT. PO Box 17205 Wilmington, DE 19850		J	Collection (Illinois State Tolls)				509.70
Account No. xxxx7364 NCO Financial ATTN: BANKRUPTCY DEPT. PO Box 17205 Wilmington, DE 19850		J	Collection (St Mary's Hosp)				40.00
Account No. xxxx1110 NCO Financial ATTN: BANKRUPTCY DEPT. PO Box 17205 Wilmington, DE 19850		J	Collection (Midwest Radiological)				85.20
Account No. 0161 Neurology Associates ATTN: BANKRUPTCY DEPT. PO Box 958417 Saint Louis, MO 63195		J	Medical Bill				100.00
Subtotal (Total of this page)							796.40

Sheet no. 24 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxx0567							
North Shore Agency ATTN: BANKRUPTCY DEPT. 9525 Sweet Valley Drive, Bldg a Cleveland, OH 44125		J	Collection (Malibu Pilates)				449.94
Account No. xxxxxx4921							
Northwest Collectors ATTN: BANKRUPTCY DEPT. 3601 Algonquin Rd Ste 232 Rolling Meadows, IL 60008		J	Collection (Consultant Radiologists)				214.00
Account No. xxxxxx6749							
Northwest Collectors ATTN: BANKRUPTCY DEPT. 3601 Algonquin Rd Ste 232 Rolling Meadows, IL 60008		J	Collection (North Shore Pathology)				345.00
Account No. 2755							
Office of the Collector of Revenue ATTN: BANKRUPTCY DEPT. 1200 Market St, Room 109 Saint Louis, MO 63103		H	Personal Property Tax (1473 Stewart Pl)				130.94
Account No. xxxx4309							
Penn Credit ATTN: BANKRUPTCY DEPT. 916 S. 14th St Harrisburg, PA 17108		J	Collection (Food that Fight Pain)				71.60
Subtotal (Total of this page)							1,211.48

Sheet no. 25 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Sheet no. 25 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx5626 Penn Credit ATTN: BANKRUPTCY DEPT. 916 S. 14th St Harrisburg, PA 17108	J	Collection (JS Platinum workout)				54.88
Account No. xx1417 Pinnacle Credit Services ATTN: BANKRUPTCY DEPT. PO Box 640 Hopkins, MN 55343	W	Collection (Cortrust)				189.94
Account No. xxxx0742 Premier Credit Corporation ATTN: BANKRUPTCY DEPT. 4245 Brockton Drive SE Ste B Grand Rapids, MI 49512	J	Collection(Rogers & Holland)				463.51
Account No. x6224 Premier Emergency Physicians ATTN: BANKRUPTCY DEPT. 2345 Dougherty Ferry Road Saint Louis, MO 63122	J	Medical Bill				12.59
Account No. 8743 Prevention ATTN: BANKRUPTCY DEPT. PO Box 6002 Emmaus, PA 18098	J	05/2012 Collection (Rodale)				15.85
Subtotal (Total of this page)						736.77

Sheet no. 26 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx9056 Quest Diagnostics ATTN: BANKRUPTCY DEPT. PO Box 41652 Philadelphia, PA 19101		J	Medical Bill				20.00
Account No. xxxxxx4492 Quest Diagnostics ATTN: BANKRUPTCY DEPT. PO Box 740780 Cincinnati, OH 45274		J	Medical Bill				301.00
Account No. xx6312 Regional Credit Services Medical Bill 1201 Jefferson St Ste 150 Washington, MO 63090		J	Medical Bill				71.31
Account No. 5339 Rehabilitaton Professionals, Inc ATTN: BANKRUPTCY DEPT. 1034 S. Brentwood Blvd Ste 300 Saint Louis, MO 63117		J	Medical Bill				203.25
Account No. xxxxxxxx0001 Retrieval Masters Creditors ATTN: BANKRUPTCY DEPT. PO Box 1238 Elmsford, NY 10523		J	Collection (Rodale Books)				71.60
Subtotal (Total of this page)							667.16

Sheet no. 27 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1310 Rogers and Holland ATTN: BANKRUPTCY DEPT. PO Box 879 Matteson, IL 60443		J	01/2008 Consumer Debt				463.00
Account No. xxxxxxxxxx9870 Scott Cattuhers Attorney at Law ATTN: BANKRUPTCY DEPT. 8448 Katella Ave Ste 100 Stanton, CA 90680		H	Collection (US Bank)				638.36
Account No. xx9775 Sea & Associates ATTN: BANKRUPTCY DEPT. PO Box 15174 Little Rock, AR 72231		J	Collection (Blast Fitness)				151.78
Account No. xxxxxx06N1 Senex Services ATTN: BANKRUPTCY DEPT. 333 Founds Road Second Indianapolis, IN 46268		J	Collection (Medical Bill)				363.00
Account No. xxxx3458 SKO Brenner American ATTN: BANKRUPTCY DEPT. PO Box 230 Farmingdale, NY 11735		J	Collection (Malibu Pilaes)				449.94
Subtotal (Total of this page)							2,066.08

Sheet no. 28 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 8736 SKO Brenner American ATTN: BANKRUPTCY DEPT. PO Box 230 Farmingdale, NY 11735		J	10/2001 Consumer Debt				498.00
Account No. xxx6788 SLU Care ATTN: BANKRUPTCY DEPT. PO Box 18353M Saint Louis, MO 63195		J	Medical Bill				613.38
Account No. 3433 SLUH Anesthesia PArtners ATTN: BANKRUPTCY DEPT. PO Box 846002 Dallas, TX 75284		J	1/2012 Medical Bill				700.00
Account No. xxxxxx3933 Sound and Spirit ATTN: BANKRUPTCY DEPT. PO Box 91160 Westville, IN 46391		J	Consumer Debt				21.77
Account No. xxxxx7216 Southwest Credit ATTN: BANKRUPTCY DEPT. 4120 International Pkwy Carrollton, TX 75007		J	Collection (ATT)				322.51
Subtotal (Total of this page)							2,155.66

Sheet no. 29 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x-xxx199-2 SSM Medical Group ATTN: BANKRUPTCY DEPT. 10777 Sunset OGC Dr Ste 210 Saint Louis, MO 63127		J	Medical Bill				4,089.93
Account No. xxxxxx0378 St Anthony's Medical Center ATTN: BANKRUPTCY DEPT. PO Box 66766 Saint Louis, MO 63166		J	Medical Bill				670.60
Account No. xxxxxxx8735 St Louis County Courts ATTN: BANKRUPTCY DEPT. 10 N. Tucker Blvd Saint Louis, MO 63101		H	Civil Judgement - Donald Meadors				16,476.00
Account No. xxxxxxxxxx0079 St Louis County Courts ATTN: BANKRUPTCY DEPT. 10 N. Tucker Blvd Saint Louis, MO 63101		H	Federal Tax Lien - Donald Meadors				1,483.00
Account No. P062 St Louis Home Health ATTN: BANKRUPTCY DEPT. 1000 Camera Ave Ste B Saint Louis, MO 63126		J	Medical Bill				95.20
<div> Sheet no. 30 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims </div> <div> Subtotal (Total of this page) </div>							22,814.73

B6F (Official Form 6F) (12/07) - Cont.

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxx9481 St Louis Orthopedic ATTN: BANKRUPTCY DEPT. PO Box 798275 Saint Louis, MO 63179		J	Medical Bill				40.00
Account No. xxxx7008 St Louis Post Dispatch ATTN: BANKRUPTCY DEPT. PO Box 790168 Saint Louis, MO 63179		J	Consumer Debt				31.24
Account No. xxxxxx7139 St Louis University Hospital ATTN: BANKRUPTCY DEPT. PO Box 741286 Atlanta, GA 30384		J	Medical Bill				1,025.93
Account No. 415 Stephen Veluz MD LLC ATTN: BANKRUPTCY DEPT. 8747 White Ave Saint Louis, MO 63144		J	Medical Bill				46.74
Account No. 7160 Sunrise Credit Service ATTN: BANKRUPTCY DEPT. 260 Airport Plaza Farmingdale, NY 11735		J	10/2011 Consumer Debt				40.64
Subtotal (Total of this page)							1,184.55

Sheet no. 31 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 8626 Sunrise Credit Service ATTN: BANKRUPTCY DEPT. 260 Airport Plaza Farmingdale, NY 11735		J	08/2010 Collection (Rodale)				71.60
Account No. xxxxxxx5655 Tenet Des Peres Hospital ATTN: BANKRUPTCY DEPT. PO Box 830913 Birmingham, AL 35283		J	Medical Bill				260.00
Account No. xxxx4880 Thane Direct, USA ATTN: BANKRUPTCY DEPT. PO Box 6009 Sparks, NV 89432		H	Consumer Debt				159.96
Account No. x9933 Therapeutic & Diagnostic Imaging ATTN: BANKRUPTCY DEPT. Po Box 66726 Saint Louis, MO 63166		J	Medical Bill				3.81
Account No. xx9646 TPS, LLC ATTN: BANKRUPTCY DEPT. PO Box 1829 Gardendale, AL 35071		J	Medical Bill				25.00
Subtotal (Total of this page)							520.37

Sheet no. 32 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxx6737 Transworld ATTN: BANKRUPTCY DEPT. Po Box 1864 Santa Rosa, CA 95402		J		Collection (TruGreen)				47.25
Account No. xxxx2763 Transworld ATTN: BANKRUPTCY DEPT. PO Box 15270 Wilmington, DE 19850		J		Collecton (St Marys Health)				40.00
Account No. 6529 United Collect Bur Inc ATTN: BANKRUPTCY DEPT. 5620 Southwyck Blvd Toledo, OH 43614		J		08/2008 Colletion (BC Missouri Emerg Phy)				392.00
Account No. 6255 United Collect Bur Inc ATTN: BANKRUPTCY DEPT. 5620 Southwyck Blvd Toledo, OH 43614		J		09/2008 Colletion (BC Missouri Emerg Phy)				209.00
Account No. xxxxx6939 Valley Baptist Health Systems ATTN: BANKRUPTCY DEPT. PO Box 910082 Dallas, TX 75391		J		Medical Bill				956.60
<div>Sheet no. 33 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</div> <div>Subtotal (Total of this page)</div>								1,644.85

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E	D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxx6939 Valley Emergency Physicians ATTN: BANKRUPTCY DEPT. Po Box 5357 Norman, OK 73070			J	Medical Bill				663.67
Account No. xxxxx6939 Valley Radiologist ATTN: BANKRUPTCY DEPT. PO Box 2109 San Benito, TX 78586			J	Medical Bill				21.56
Account No. xxxx5627 Washington University Physicians ATTN: BANKRUPTCY DEPT. PO Box 502432 Saint Louis, MO 63150			J	Medical Bill				2,079.79
Account No.								
Account No.								
Subtotal (Total of this page)								2,765.02
Total (Report on Summary of Schedules)								326,310.66

Sheet no. 34 of 34 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re **Donald J Meadors,
Mabel V Meadors**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1 Donald J Meadors

Debtor 2 Mabel V Meadors
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Lead tester

Aerotek

Oakbrook Terrace, IL .

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

How long employed there? 6 weeks

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>2,348.67</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>2,348.67</u>	\$ <u>0.00</u>

Debtor 1 **Donald J Meadors**
Debtor 2 **Mabel V Meadors**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 2,348.67	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 310.74	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 310.74	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,037.93	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,037.93 + \$ 0.00	= \$ 2,037.93
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies	12. \$	2,037.93
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 Donald J Meadors

Debtor 2 Mabel V Meadors
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 600.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Donald J Meadors**
Debtor 2 **Mabel V Meadors**

Case number (if known) _____

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	0.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	170.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	250.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	40.00
10. Personal care products and services	10. \$	0.00
11. Medical and dental expenses	11. \$	20.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	140.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14. Charitable contributions and religious donations	14. \$	10.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	108.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	450.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$	0.00
19. Other payments you make to support others who do not live with you. Specify: _____	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: <u>Storage</u>	21. +\$	408.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	2,196.00
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2,037.93
23b. Copy your monthly expenses from line 22 above.	23b. -\$	2,196.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	-158.07

24. Do you expect an increase or decrease in your expenses within the year after you file this form?
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain:

B6 Declaration (Official Form 6 - Declaration), (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **Donald J Meadors**
Mabel V Meadors

Debtor(s)

Case No. _____
Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

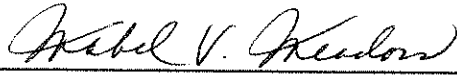
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 51 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 6-16-15

Signature 
Donald J Meadors
Debtor

Date 6-16-15

Signature 
Mabel V Meadors
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Illinois

In re **Donald J Meadors**
Mabel V Meadors

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 174

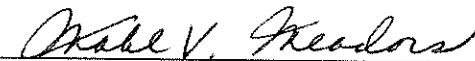
The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: 6-16-15


Donald J Meadors

Signature of Debtor

Date: 6-16-15


Mabel V Meadors

Signature of Debtor

**United States Bankruptcy Court
Northern District of Illinois**

In re **Donald J Meadors
Mabel V Meadors**

Debtor(s)

Case No.

Chapter **7**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$17,912.00	Quest Diagnostics Donald Meadors Year of 2013
\$6,686.00	Convergys Mabel Meadors Year of 2013
\$21,846.00	Quest Diagnostics Donald Meadors Year of 2014
\$5,675.00	Convergys Mabel Meadors Year of 2014
\$5,386.29	Aerotek Donald Meadors Year of 2015

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2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3. Payments to creditors

None ☐ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
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None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER
DEVICE

DATE(S) OF
TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION AND
VALUE OF PROPERTY OR DEBTOR'S INTEREST
IN PROPERTY

11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR
DIGITS OF ACCOUNT NUMBER,
AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE
OR CLOSING

12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK
OR OTHER DEPOSITORY

NAMES AND ADDRESSES
OF THOSE WITH ACCESS
TO BOX OR DEPOSITORY

DESCRIPTION
OF CONTENTS

DATE OF TRANSFER OR
SURRENDER, IF ANY

13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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15. Prior address of debtor

None

☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18. Nature, location and name of business

None

- ☐ a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.*

*If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.*

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None

- ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None

- ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None

- ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

- ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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B7 (Official Form 7) (04/13)

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20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22. Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 6-16-15

Signature Donald J. Meadors
Donald J Meadors
Debtor

Date 6-16-15

Signature Mabel V. Meadors
Mabel V Meadors
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois

In re **Donald J Meadors**
Mabel V Meadors

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)


Property No. 1	
Creditor's Name: Capitol One Auto Finance	Describe Property Securing Debt: 2007 Mercury Montego
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

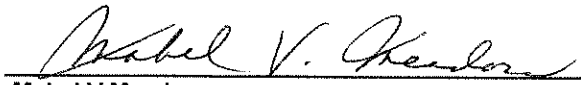
Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 6-16-15

Signature 
Donald J Meadors
Debtor

Date 6-16-15

Signature 
Mabel V Meadors
Joint Debtor

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re **Donald J Meadors**
Mabel V Meadors

Debtor(s)

Case No.

Chapter

7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Donald J Meadors

Mabel V Meadors

Printed Name(s) of Debtor(s)

Case No. (if known)

X

Signature of Debtor

Date

X

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

ACB Recovery
ATTN: BANKRUPTCY DEPT.
PO Box 2548
Cincinnati, OH 45201

Account Resolution Corporation
ATTN: BANKRUPTCY DEPT.
PO Box 3860
Chesterfield, MO 63006

Account Resolution Corporation
ATTN: BANKRUPTCY DEPT.
PO Box 3860
Chesterfield, MO 63006

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ATTN: BANKRUPTCY DEPT.
PO Box 3860
Chesterfield, MO 63006

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ATTN: BANKRUPTCY DEPT.
PO Box 3860
Chesterfield, MO 63006

Account Resolution Corporation
ATTN: BANKRUPTCY DEPT.
PO Box 3860
Chesterfield, MO 63006

AFNI
ATTN: BANKRUPTCY DEPT.
PO Box 3517
Bloomington, IL 61702

AFNI
ATTN: BANKRUPTCY DEPT.
PO Box 3517
Bloomington, IL 61702

Allergy and Asthma Care Center
ATTN: BANKRUPTCY DEPT.
120 N E Glen Oak Ave Ste 408
Peoria, IL 61603

Ameren Missouri
ATTN: BANKRUPTCY DEPT.
PO Box 790098
Saint Louis, MO 63179

AMEX
ATTN: BANKRUPTCY DEPT.
PO Box 297871
Fort Lauderdale 33329

Apelles
ATTN: BANKRUPTCY DEPT.
PO Box 1197
Westerville, OH 43086

Arnold Harris
ATTN: BANKRUPTCY DEPT.
600 W. Jackson Blvd
Chicago, IL 60661

Associates in Dermatology
ATTN: BANKRUPTCY DEPT.
1404 Eastland Drive
Bloomington, IL 61701

AT & T Cellular
ATTN: BANKRUPTCY DEPT.
PO Box 5014
Carol Stream, IL 60197

AT&T
ATTN: BANKRUPTCY DEPT.
208 S. Akard St
Dallas, TX 75202

ATG Credit
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1700 W. Corland St Ste 201
Chicago, IL 60622

ATT Mobility
ATTN: BANKRUPTCY DEPT.
PO Box 650553
Dallas, TX 75265

Bako
ATTN: BANKRUPTCY DEPT.
PO Box 6039
Falmouth, ME 04105

Bank of America
ATTN: BANKRUPTCY DEPT.
PO Box 5170
Simi Valley, CA 93062

Barnes Jewish Hospital
ATTN: BANKRUPTCY DEPT.
PO Box 504391
Saint Louis, MO 63160

Bay Area Credit Services
1901 W. 10th St
Antioch, CA 94509

Bellevue Radiology
ATTN: BANKRUPTCY DEPT.
Po Box 796023
Saint Louis, MO 63179

BJC Healthcare
ATTN: BANKRUPTCY DEPT.
Po Box 958410
Saint Louis, MO 63195

Bone and Joint Institute
ATTN: BANKRUPTCY DEPT.
2325 Dougherty Ferry Road Ste 202
Saint Louis, MO 63122

Butler Security
ATTN: BANKRUPTCY DEPT.
16925 Manchester Road
Grover, MO 63040

CACi
ATTN: BANKRUPTCY DEPT.
PO Box 270480
Saint Louis, MO 63127

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ATTN: BANKRUPTCY DEPT.
PO Box 270480
Saint Louis, MO 63127

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ATTN: BANKRUPTCY DEPT.
PO Box 270480
Saint Louis, MO 63127

Capitol One Auto Finance
ATTN: BANKRUPTCY DEPT.
3901 Dallas Pkwy
Plano, TX 75093

CBE Group
ATTN: BANKRUPTCY DEPT.
1309 Technology Pkwy
Cedar Falls, IA 50613

CCS/Cortrust
ATTN: BANKRUPTCY DEPT.
500 E. 60th St N
Sioux Falls, SD 57104

Central Financial Control
ATTN: BANKRUPTCY DEPT.
PO Box 66044
Anaheim, CA 92816

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ATTN: BANKRUPTCY DEPT.
PO Box 66044
Anaheim, CA 92816

Certified Services
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Saint Louis, MO 63131

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1247 Broadway
Sonoma, CA 95476

Childrens Hospital
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One Childrens Place
Saint Louis, MO 63110

Choice Recovery
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PO Box 20790
Columbus, OH 43220

Christian NE-NW
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PO Box 958188
Saint Louis, MO 63195

CitiFinancial Auto
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PO Box 183036
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Po Box 956135
Saint Louis, MO 63195

City of St. Louis
ATTN: BANKRUPTCY DEPT.
PO Box 78669
Saint Louis, MO 63178

Clayton Emergency Group
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PO Box 400
San Antonio, TX 78292

Club Fitness
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259 Centre Pointe Drive
Saint Peters, MO 63376

CMRE Financial Services
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3075 E. Imperial Hwy #200
Brea, CA 92821

Collector of Revenue
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1200 Market St. Room 109
Saint Louis, MO 63103

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1200 Market St. Room 109
Saint Louis, MO 63103

Complete Payment Recovery Service
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3500 5th St
Northport, AL 35476

Consolidated Recovery Systems
ATTN: BANKRUPTCY DEPT.
PO Box 172193
Memphis, TN 38187

Consultants in Pathology
ATTN: BANKRUPTCY DEPT.
PO Box 30309
Charleston, SC 29417

Consumer Adjustments Co
ATTN: BANKRUPTCY DEPT.
12855 Tesson Ferry Road
Saint Louis, MO 63128

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ATTN: BANKRUPTCY DEPT.
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Saint Louis, MO 63128

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ATTN: BANKRUPTCY DEPT.
12855 Tesson Ferry Road
Saint Louis, MO 63128

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ATTN: BANKRUPTCY DEPT.
12855 Tesson Ferry Road
Saint Louis, MO 63128

Consumer Collection Management
ATTN: BANKRUPTCY DEPT.
PO Box 1839
Maryland Heights, MO 63043

Consumer Collection Management
ATTN: BANKRUPTCY DEPT.
PO Box 1839
Maryland Heights, MO 63043

Credit Collection
ATTN: BANKRUPTCY DEPT.
Two Wells Ave
Newton Center, MA 02459

Credit Control
ATTN: BANKRUPTCY DEPT.
5757 Phantom Drive
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Carrollton, TX 75007

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13355 Noel Road Ste 2100
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Streator, IL 61364

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331 DeBaliviere
Saint Louis, MO 63112

Dept of Education/Navient
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PO Box 9635
Wilkes Barre, PA 18773

Edward Health Ventures
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26185 Network Place
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Edward Hospital
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PO Box 4207
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Emergency Physicians Office
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PO Box 3475
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PO Box 636750
Cincinnati, OH 45263

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PO Box 57547
Jacksonville, FL 32241

EOS CCA
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PO Box 3488
Jefferson City, MO 65105

EOS CCA
ATTN: BANKRUPTCY DEPT.
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Evans & Dixon
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211 N. Broadway Ste 2500
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12515 Research Blvd #2 Ste 100
Cuney, TX 75759

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7650 Magna Drive
Belleville, IL 62223

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ATTN: BANKRUPTCY DEPT.
PO Box 16604
Saint Louis, MO 63105

Franciscan Alliance
ATTN: BANKRUPTCY DEPT.
37653 Eagle Way
Chicago, IL 60678

Gate District East Association
ATTN: BANKRUPTCY DEPT.
PO Box 2021
Saint Louis, MO 63158

IC System, Inc
ATTN: BANKRUPTCY DEPT.
444 Highway 96 East
Saint Paul, MN 55164

IC Systems Inc
ATTN: BANKRUPTCY DEPT.
PO Box 64378
Saint Paul, MN 55164

Illinois Collection Service
ATTN: BANKRUPTCY DEPT.
Po Boc 1010
Tinley Park, IL 60477

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ATTN: BANKRUPTCY DEPT.
Po Boc 1010
Tinley Park, IL 60477

Illinois Tollway
ATTN: BANKRUPTCY DEPT.
PO Box 5544
Chicago, IL 60680

Ingalls Memorial Hospital
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PO Box 5435 Dept 0028
Carol Stream, IL 60197

Inpatient Consultants
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PO Box 92707
Los Angeles, CA 90009

Inpatient Consultants of MO
ATTN: BANKRUPTCY DEPT.
PO Box 92707
Los Angeles, CA 90009

Integrity Solutions Svcs
ATTN: BANKRUPTCY DEPT.
20 Corporate Hills Dr
Saint Charles, MO 63301

Internal Revenue Service
ATTN: BANKRUPTCY DEPT.
Kansas City, MO 64999

Internal Revenue Service
ATTN: BANKRUPTCY DEPT.
Kansas City, MO 64999

IT Please
ATTN: BANKRUPTCY DEPT.
PO Box 550747
Jacksonville, FL 32255

Jerry Bowlin
ATTN: BANKRUPTCY DEPT.
520 W. 103rd S , St e252
Kansas City, MO 64114

Kozeny & McCubbin
ATTN: BANKRUPTCY DEPT.
12400 Olive Blvd
Saint Louis, MO 63141

Kramer and Frank PC
9300 Dielman Ind Drive
63132

Laboratory & Pathology Diagnostics
ATTN: BANKRUPTCY DEPT.
Department 4387
Carol Stream, IL 60122

LDC Collection Systems
ATTN: BANKRUPTCY DEPT.
PO Box 78669
Saint Louis, MO 63178

Linebarger Goggan Blair & Sampson
ATTN: BANKRUPTCY DEPT.
PO Box 06140
Chicago, IL 60606

Mark Mc Mahon
ATTN: BANKRUPTCY DEPT.
7912 Bonhomme Ste 101
Saint Louis, MO 63105

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Orland Park, IL 60462

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Saint Louis, MO 63141

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PO Box 480
High Ridge, MO 63049

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PO Box 480
High Ridge, MO 63049

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PO Box 480
High Ridge, MO 63049

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PO Box 480
High Ridge, MO 63049

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PO Box 50897
Climax, MI 49034

Medical Radiological Assoc
ATTN: BANKRUPTCY DEPT.
PO Box 38900
Saint Louis, MO 63138

Medical Recovery Specialilst
ATTN: BANKRUPTCY DEPT.
2250 E. Devon Ave Ste 352
Des Plaines, IL 60018

Medical Revenue Service
ATTN: BANKRUPTCY DEPT. Hampton
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PO Box 66754
Saint Louis, MO 63166

Metro Imaging
ATTN: BANKRUPTCY DEPT.
11639 Olive Blvd
Saint Louis, MO 63141

Michael Hoffmann DDS
ATTN: BANKRUPTCY DEPT.
950 Francis Place Ste 305
Saint Louis, MO 63105

Midland Funding LLC
ATTN: BANKRUPTCY DEPT.
8875 Aero Dr Ste 200
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ATTN: BANKRUPTCY DEPT.
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Missouri Baptist Medical Center
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Saint Louis, MO 63195

Missouri Dept of Revenue
ATTN: BANKRUPTCY DEPT.
PO Box 3488
Jefferson City, MO 65105

MRSI
ATTN: BANKRUPTCY DEPT.
2250 Devon Ave Ste 352
Des Plaines, IL 60018

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ATTN: BANKRUPTCY DEPT.
2250 Devon Ave Ste 352
Des Plaines, IL 60018

Naperville Radiologist
ATTN: BANKRUPTCY DEPT.
6910 S. Madison St
Willowbrook, IL 60527

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NCO Financial
ATTN: BANKRUPTCY DEPT.
PO Box 17205
Wilmington, DE 19850

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PO Box 17205
Wilmington, DE 19850

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ATTN: BANKRUPTCY DEPT.
PO Box 17205
Wilmington, DE 19850

Neurology Associates
ATTN: BANKRUPTCY DEPT.
PO Box 958417
Saint Louis, MO 63195

North Shore Agency
ATTN: BANKRUPTCY DEPT.
9525 Sweet Valley Drive, Bldg a
Cleveland, OH 44125

Northwest Collectors
ATTN: BANKRUPTCY DEPT.
3601 Algonquin Rd Ste 232
Rolling Meadows, IL 60008

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ATTN: BANKRUPTCY DEPT.
3601 Algonquin Rd Ste 232
Rolling Meadows, IL 60008

Office of the Collector of Revenue
ATTN: BANKRUPTCY DEPT.
1200 Market St, Room 109
Saint Louis, MO 63103

Penn Credit
ATTN: BANKRUPTCY DEPT.
916 S. 14th St
Harrisburg, PA 17108

Penn Credit
ATTN: BANKRUPTCY DEPT.
916 S. 14th St
Harrisburg, PA 17108

Pinnacle Credit Services
ATTN: BANKRUPTCY DEPT.
PO Box 640
Hopkins, MN 55343

Premier Credit Corporation
ATTN: BANKRUPTCY DEPT.
4245 Brockton Drive SE Ste B
Grand Rapids, MI 49512

Premier Emergency Physicians
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2345 Dougherty Ferry Road
Saint Louis, MO 63122

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Emmaus, PA 18098

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PO Box 41652
Philadelphia, PA 19101

Quest Diagnostics
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PO Box 740780
Cincinnati, OH 45274

Regional Credit Services
Medical Bill
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Washington, MO 63090

Rehabilitation Professionals, Inc
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1034 S. Brentwood Blvd Ste 300
Saint Louis, MO 63117

Retrieval Masters Creditors
ATTN: BANKRUPTCY DEPT.
PO Box 1238
Elmsford, NY 10523

Rogers and Holland
ATTN: BANKRUPTCY DEPT.
PO Box 879
Matteson, IL 60443

Scott Cattuhers Attorney at Law
ATTN: BANKRUPTCY DEPT.
8448 Katella Ave Ste 100
Stanton, CA 90680

Sea & Associates
ATTN: BANKRUPTCY DEPT.
PO Box 15174
Little Rock, AR 72231

Senex Services
ATTN: BANKRUPTCY DEPT.
333 Founds Road Second
Indianapolis, IN 46268

SKO Brenner American
ATTN: BANKRUPTCY DEPT.
PO Box 230
Farmingdale, NY 11735

SKO Brenner American
ATTN: BANKRUPTCY DEPT.
PO Box 230
Farmingdale, NY 11735

SLU Care
ATTN: BANKRUPTCY DEPT.
PO Box 18353M
Saint Louis, MO 63195

SLUH Anesthesia PArtners
ATTN: BANKRUPTCY DEPT.
PO Box 846002
Dallas, TX 75284

Sound and Spirit
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PO Box 91160
Westville, IN 46391

Southwest Credit
ATTN: BANKRUPTCY DEPT.
4120 International Pkwy
Carrollton, TX 75007

SSM Medical Group
ATTN: BANKRUPTCY DEPT.
10777 Sunset OGC Dr Ste 210
Saint Louis, MO 63127

St Anthony's Medical Center
ATTN: BANKRUPTCY DEPT.
PO Box 66766
Saint Louis, MO 63166

St Louis County Courts
ATTN: BANKRUPTCY DEPT.
10 N. Tucker Blvd
Saint Louis, MO 63101

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ATTN: BANKRUPTCY DEPT.
10 N. Tucker Blvd
Saint Louis, MO 63101

St Louis Home Health
ATTN: BANKRUPTCY DEPT.
1000 Camera Ave Ste B
Saint Louis, MO 63126

St Louis Orthopedic
ATTN: BANKRUPTCY DEPT.
PO Box 798275
Saint Louis, MO 63179

St Louis Post Dispatch
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PO Box 790168
Saint Louis, MO 63179

St Louis University Hospital
ATTN: BANKRUPTCY DEPT.
PO Box 741286
Atlanta, GA 30384

Stephen Veluz MD LLC
ATTN: BANKRUPTCY DEPT.
8747 White Ave
Saint Louis, MO 63144

Sunrise Credit Service
ATTN: BANKRUPTCY DEPT.
260 Airport Plaza
Farmingdale, NY 11735

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ATTN: BANKRUPTCY DEPT.
260 Airport Plaza
Farmingdale, NY 11735

Tenet Des Peres Hospital
ATTN: BANKRUPTCY DEPT.
PO Box 830913
Birmingham, AL 35283

Thane Direct, USA
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PO Box 6009
Sparks, NV 89432

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Saint Louis, MO 63166

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PO Box 1829
Gardendale, AL 35071

Transworld
ATTN: BANKRUPTCY DEPT.
Po Box 1864
Santa Rosa, CA 95402

Transworld
ATTN: BANKRUPTCY DEPT.
PO Box 15270
Wilmington, DE 19850

United Collect Bur Inc
ATTN: BANKRUPTCY DEPT.
5620 Southwyck Blvd
Toledo, OH 43614

United Collect Bur Inc
ATTN: BANKRUPTCY DEPT.
5620 Southwyck Blvd
Toledo, OH 43614

Valley Baptist Health Systems
ATTN: BANKRUPTCY DEPT.
PO Box 910082
Dallas, TX 75391

Valley Emergency Physicians
ATTN: BANKRUPTCY DEPT.
Po Box 5357
Norman, OK 73070

Valley Radiologist
ATTN: BANKRUPTCY DEPT.
PO Box 2109
San Benito, TX 78586

Washington University Physicians
ATTN: BANKRUPTCY DEPT.
PO Box 502432
Saint Louis, MO 63150